

Welcome!

The Submitting Paper Claims

Navigating the New ProviderOne Paper Intake Process webinar will begin shortly. While you are waiting, please check your audio settings.

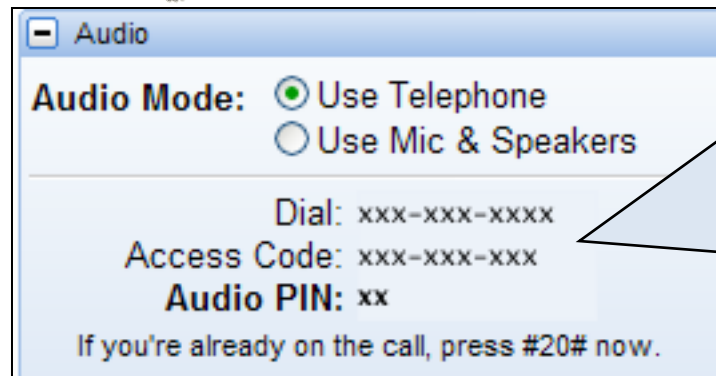
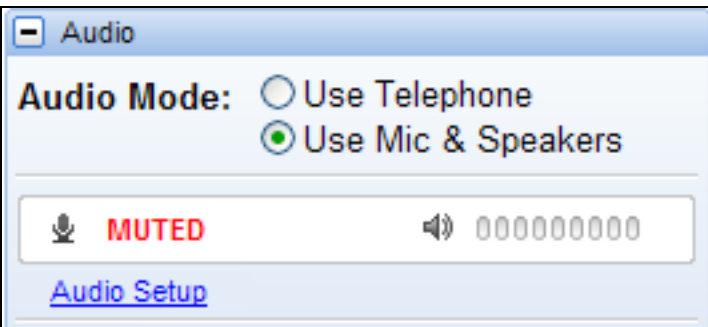
You can use computer speakers or headphones.



You can dial in using a telephone. Long-distance charges may apply.



Your Dial-In Number, Access Code, and Audio PIN are located in the Webinar control panel.

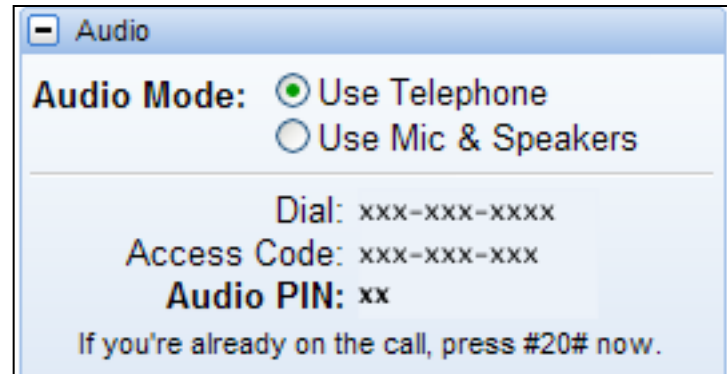


Sound Check

- If you are not hearing us through your PC, then:
 - Your computer does not have a sound card
 - Your speakers/headphones are turned off
 - Your speakers/headphones are not plugged in
 - Your PC is muted
 - Your PC sound settings are incorrectly set
 - Your GoToWebinar sound settings are incorrectly set

■ Go to www.GoToWebinar.com for support info

- ☐ We are broadcasting audio now!
- ☐ If you cannot hear anything and want to dial in, use the phone # after the word “Dial” in your control panel.
- ☐ Remember: Toll charges may apply.



The screenshot shows a window titled "Audio" with a minus sign in the top-left corner. Inside the window, the "Audio Mode" section has two radio buttons: "Use Telephone" (which is selected with a green dot) and "Use Mic & Speakers" (which is unselected with a white dot). Below this, there are three lines of text: "Dial: xxx-xxx-xxxx", "Access Code: xxx-xxx-xxx", and "Audio PIN: xx". At the bottom of the window, there is a line of text: "If you're already on the call, press #20# now."

Webinar Tips

Attendee Control Panel

Asking Questions

The screenshot shows the GoToWebinar Attendee Control Panel. It has a menu bar with 'File', 'View', and 'Help'. Below the menu bar are two main sections: 'Audio' and 'Questions'. The 'Audio' section includes 'Audio Mode' with two radio buttons: 'Use Telephone' (unselected) and 'Use Mic & Speakers' (selected). Below this is a microphone icon followed by ten zeros and a speaker icon followed by ten green bars. A link for 'Audio Setup' is present. The 'Questions' section has a 'Questions Log' area with a scrollbar and a text input field with the placeholder '[Enter a question for staff]'. A 'Send' button is at the bottom right of the Questions section. At the very bottom, it says 'Webinar Now' with 'Webinar ID: 900-649-029' and the 'GoToWebinar™' logo.

File View Help

Audio

Audio Mode: ☐ Use Telephone
☒ Use Mic & Speakers

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[Audio Setup](#)

Questions

Questions Log

[Enter a question for staff]

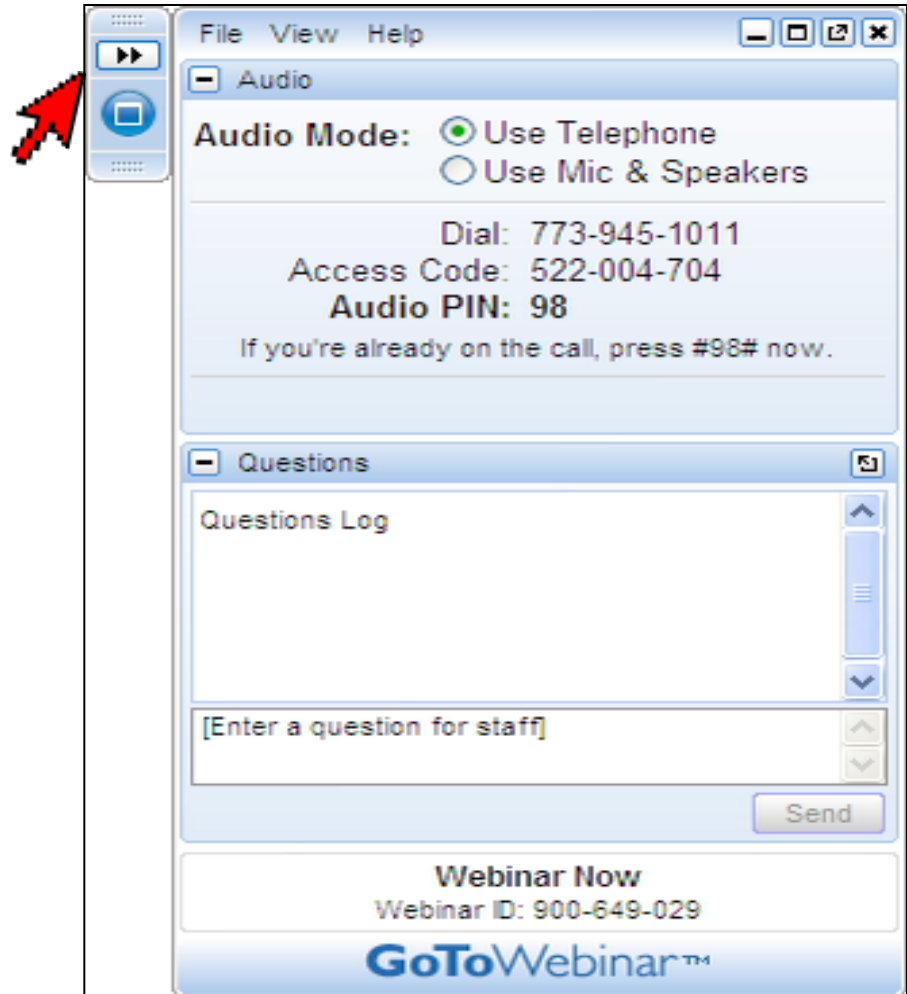
Send

Webinar Now
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GoToWebinar™

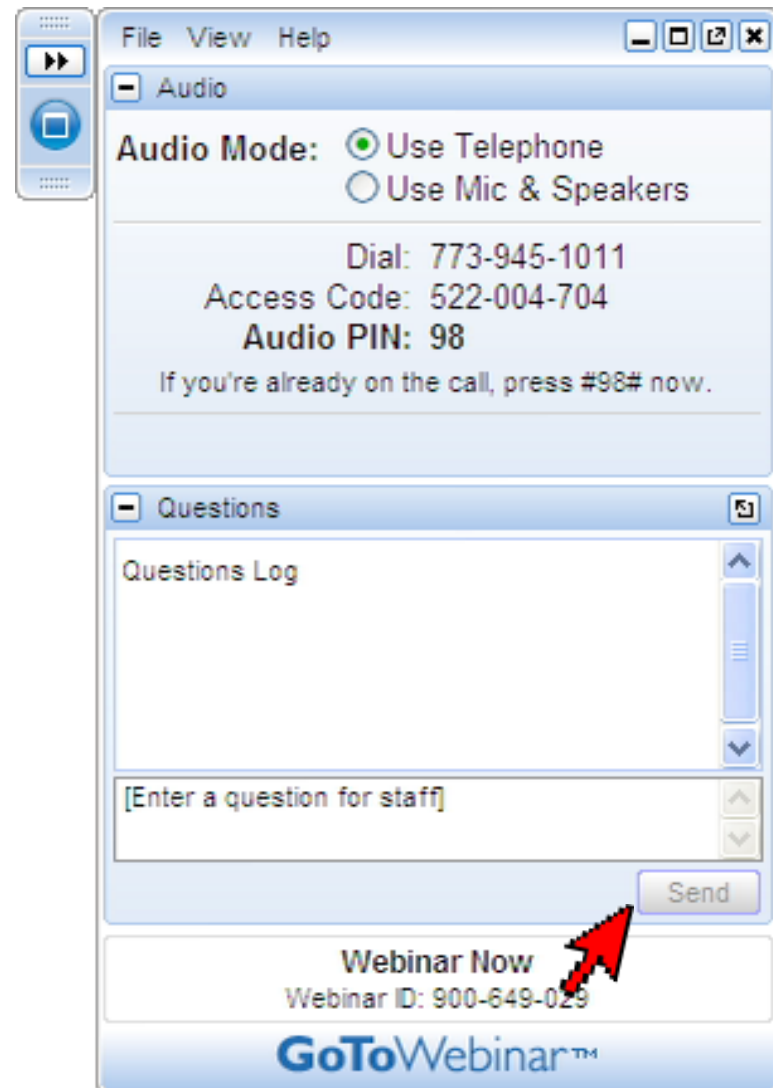
Attendee Control Panel

- **Hiding the Control Panel**
 - Toggle Auto-Hide On/Off
- **Use this panel to:**
 - Set your sound preferences
 - Ask Questions and view answers
- **Your microphone should always be muted**
- **Do not use the hand raising icon**
 - We are not monitoring this feature



Asking Questions

- You may ask questions anytime during the Webinar
 - Click the Questions option in the Webinar toolbar
 - Type in question
 - Click Send
- Selected questions will be answered during the Webinar – time permitting
- Questions will be reviewed for inclusion in future communications from DSHS



Operational webinar series:

SUBMITTING PAPER CLAIMS

Navigating the New ProviderOne Paper Intake Process

- **Copy of this presentation located at**

- <http://www.dshs.wa.gov/pdf/provider/Webinar/SubmittingPaperClaims.pdf>

- **Links to all resources located throughout the presentation**

After this Webinar, you can:



- **Navigate new ProviderOne paper intake process**
- **Create paper claims with new required data elements:**
 - **Professional, Dental, and Institutional Claims**
- **Submit paper Adjustment claim**
- **Submit a paper cross over claim**
- **Determine if your organization could benefit by moving from paper to direct data entry of claims**
- **Submit TPL secondary claims electronically**

What's Changed

- **New data elements required on forms**
 - NPI
 - Taxonomy
 - Client ID
 - Date of Birth
 - Gender
- **New paper intake and scanning process**
 - Converts paper forms to electronic documents

New Automated Intake Process

- Incoming paper claims can be automatically scanned and loaded into ProviderOne when:
 - Claim includes the following information in the correct fields
 - ProviderOne client ID number
 - Billing provider or rendering provider NPI number
 - Taxonomy code for the billing and/or rendering provider
 - Required information is centered in claim form fields
 - Modified forms will fail scanning process and delay processing
 - New claim adjustment forms are used
 - Old claim adjustment forms (the blue form) is no longer valid and is not recognized by scanning technology
 - Forms are typewritten for the OCR scanner

ProviderOne Includes New Scanning Technology

Optical Character Recognition (OCR)

- OCR is the translation of scanned images of typewritten text into machine encoded text
- Widely used to convert documents into electronic files

Features of OCR

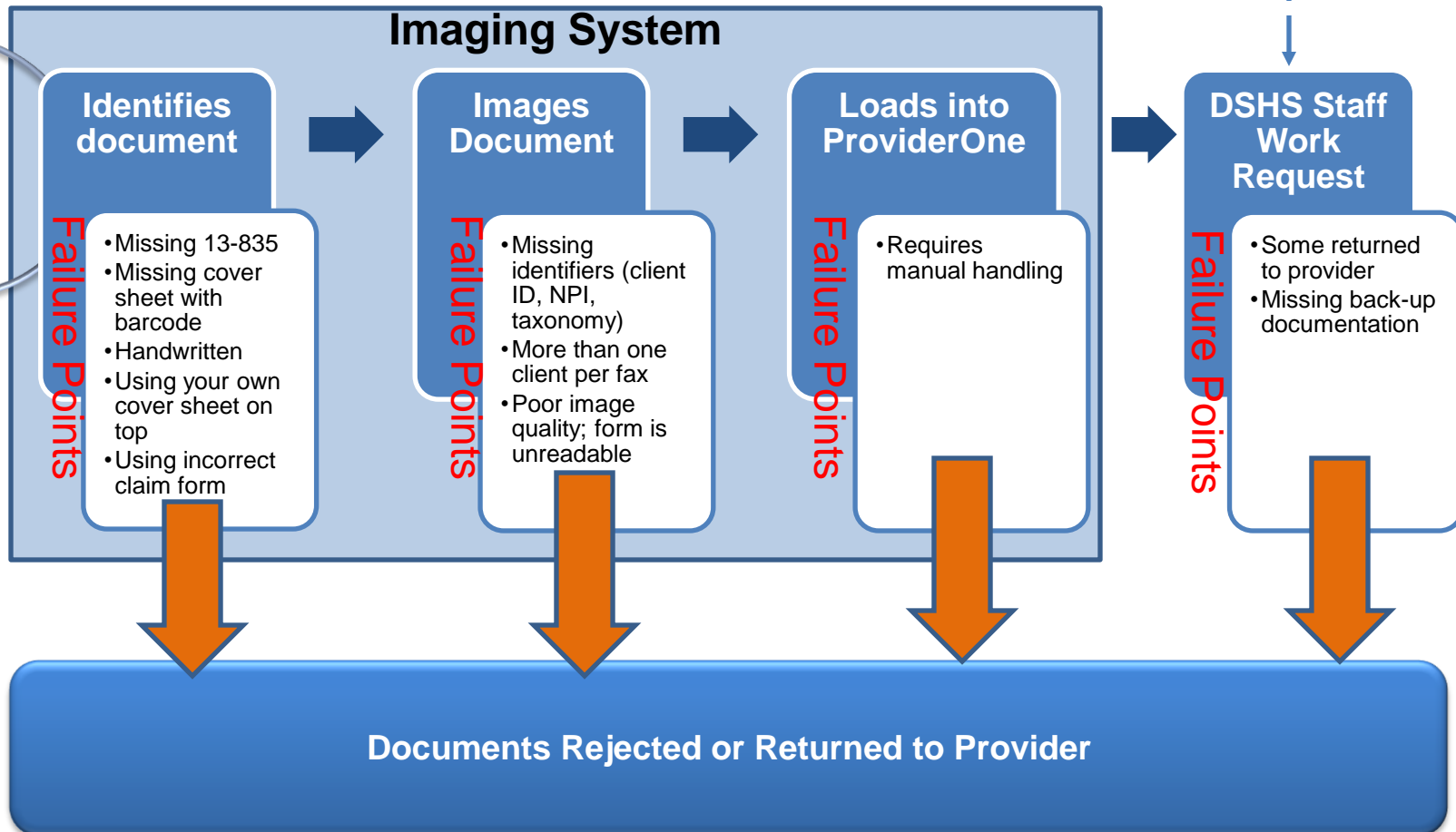
- OCR makes it possible to search for a word or phrase, store documents more compactly, display or print a copy of artifacts
- OCR technology cannot accurately read handwritten forms

ProviderOne Paper and Fax Intake Process

X-Rays,
Photos,
CDs and
other "Non-
Scannable"
Documents

FAX
Auto Load
into
Imaging
System

PAPER
Typed
Documents
Manually
Processed
into
Imaging
System







Addressing Paper Forms Backlog

- **What we discovered**
- **Actions We Have Taken**
- **Tackling the Backlog**
- **Ensuring your Paper Documents will pass through scanner successfully**

The CMS-1500 Claim Form

Minimum Required on CMS-1500

Top of Form:



Field #	Information
1a	New ProviderOne client ID number 
2	Client name
3	Patient's birth date (MMDDYY) and gender 
9d	Commercial insurance plan name (if applies)
17	Name of Referring provider (if applies)
17b	Referring provider NPI (taxonomy not required) 
19	Reserved for local use – Comments (if applies)
21	Diagnosis Code (either/all 1, 2, 3, 4)
22	Claim adjustment/void TCN (if applies) 
23	Prior Authorization number (if applies)

Using the Comments Field

Field #	Information
19	<p>Reserved for local use</p> <ul style="list-style-type: none">•Use field for comments necessary to process claim•Certain comments need qualifier “SCI=” prior to comment <p>example SCI=Y 300.00 would be used to indicate a spend-down amount</p> <p>See pg 95 of the <u><i>ProviderOne Billing and Resource Guide</i></u> for list of comments that require a qualifier at http://hrsa.dshs.wa.gov/Download/ProviderOne_Billing_and_Resource_Guide.html</p>





Minimum Required on CMS-1500

Line level information (for each line):

Field #	Information
24A	Date(s) of Service <u>format</u> = <u>MMDDYY</u> 
24B	Place of service 2 digit number
24D	Procedure Code Modifier (follows procedure code if applies)
24E	Diagnosis Pointer
24F	\$ Charges
24G	Units or Days
24J	Rendering Provider's Taxonomy Code (Upper) Rendering Provider NPI number (lower) 

Minimum Required on CMS-1500




Bottom Section:

Field #	Information
26	Patient's Account number (if assigned by provider)
28	Total charges on claim form
29	Commercial Insurance payments (if applies)
30	Estimated balance due (field 28 minus field 29)
32	Service Facility Location - Name and address
32A	Service Facility Location - NPI number 
32B	Service Facility Location - Taxonomy Code 
33	Billing Provider - Name and address
33A	Billing Provider NPI number 
33B	Billing Provider Taxonomy Code 

2006 ADA Claim Form

MINIMUM REQUIRED ON 2006 ADA Dental Claim Form

Top of Form:

Field	Information
2	Predetermination/Preauthorization Number (if applies)
4-11	Commercial insurance plan (if applies)
12	Patient name (use commas separating sections of the name)
13	Patient's birth date (MMDDCCYY) 
14	Patients gender 
15	New ProviderOne Client ID 
23	Your practice patient ID (if assigned by provider)


MINIMUM REQUIRED ON 2006 ADA Dental Claim Form

Line level information (for each line):

Field	Information
24	Date of Service MMDDCCYY
25	Oral Cavity area (if applies)
27	Tooth number or letter
28	Tooth surface (if applies)
29	Procedure Code
30	Description of service
31	Fee (billed amount)

MINIMUM REQUIRED ON 2006 ADA Dental Claim Form





Bottom of form :

Field	Information
33	Total Fees (billed amount)
34	Missing Teeth
35	Remarks (35) (enter only comments needed to process the claim) New: report spend down using SCI=Y, then \$\$ amount Enter the TCN here for adjusting/voiding a paid claim 
38	Place of Treatment
40	Treatment for Orthodontics
41	Appliance placement date

****For adjustments see the recorded Webinar at our
Provider Relations Training web page at
<http://www.dshs.wa.gov/provider/training.shtml#provider>**

MINIMUM REQUIRED ON 2006 ADA Dental Claim Form

Bottom of form:

Field	Information
45	Treatment Resulting from
46-47	If an accident fill in fields 46 & 47
Billing Dentist information:	
48	Practice name and address
49	Practice/Billing Provider NPI 
52A	Practice/Billing Provider Taxonomy Code 
54	Treating/Rendering Provider's NPI number 
56A	Treating/Rendering Provider's Taxonomy Code 

The UB-04 Claim Form





It is beyond the scope of the Webinar to inform the provider what information to put in every form locator on the UB-04 institutional claim form.

Please use the National Uniform Billing Committee (NUBC) official UB-04 Data Specifications Manual for complete code usage details and every form locator information.

However we will cover DSHS specific information required on the paper claim form in the Webinar.

MINIMUM REQUIRED ON UB-04

Top of Form:

Form Locator	Information
4	Type of Bill
8a	Patient ProviderOne client ID 
8b	Patient name (use commas separating sections of the name). If billing baby on mom's ID enter baby's name or if unnamed use mom's last name then enter "baby" as the first name 
10	Enter in the patient's date of birth in the following format: MMDDCCYY. If billing baby on mom's ID enter the baby's birth date instead. 
11	Gender 

MINIMUM REQUIRED ON UB-04

Top of Form:

Form Locator	Information
14	Admission Type: Required on inpatient claims
18-28	Condition Code: Washington State has a number of assigned condition codes for Trauma. To see the entire list go to the <i>ProviderOne Billing and Resource Guide</i> page 98
	Medical Inpatient Detox (MID) services no longer are using condition codes (see authorization section)




MINIMUM REQUIRED ON UB-04

Top of Form:

Form Locator	Information
39-41	Washington State has a number of assigned value codes for:
	EMER
	Spend Down
	Patient Class code for Nursing Facility clients
	Patient Participation for Nursing Facility clients
	Newborn birth weights
For a listing of the codes and information see the <i>ProviderOne Billing and Resource Guide</i> at page 99	




MINIMUM REQUIRED ON UB-04

Line level and Mid-form:

Form Locator	Information
43	Enter revenue code description. Enter National Drug Code (NDC) number information when required. Use format N4, NDC code, Unit Qualifier, and the number of units.
56	Billing NPI number of facility 
58 A,B,C	Enter the patient's name and be sure to insert commas separating sections of the name 
60 A,B,C	Enter the patient's ProviderOne ID number 

MINIMUM REQUIRED ON UB-04

Mid-form:

Form Locator	Information
63 A,B,C	Enter the DSHS or RSN Prior Authorization number (if applies)
For Medical Inpatient Detox (MID) services use	
	Acute Alcohol Detoxification 870000433 
	Acute Drug Detoxification 870000435 
64 A,B,C	Add the TCN number here for a paid claim adjustment or void (use format examples)
	7-201022300127991000 (replace/adjustment) 
	8-201024400114944000 (void/cancel)



MINIMUM REQUIRED ON UB-04

Bottom of Form

Form Locator	Information
76	Enter NPI of attending physician
77	Enter NPI of operating physician
78-79	Enter the NPI number of other treating providers or the referring provider. Enter the NPI number for a Primary Care Case Manager (PCCM), or Skilled Nursing Facility
76, 77, 78, 79	Currently the department does not currently require a taxonomy code for these servicing providers

MINIMUM REQUIRED ON UB-04

Bottom of Form

Form Locator	Information
80	Comments: Add only comments that are needed to process the claim. Some comments require a qualifier. Please see the <i>ProviderOne Billing and Resource Guide</i> for that information at http://hrsa.dshs.wa.gov/Download/ProviderOne_Billing_and_Resource_Guide.html page 103 
81 a-d	(Code-code) Enter the Billing NPI number's Taxonomy Code 

Filling Out The Paper Paid Claim Adjustment Form

DSHS has discontinued the old paper adjustment claim form. The ProviderOne adjustment claim form is your regular claim form with minor additions.

We hosted a webinar about how to adjust your claims. See the

- Slide show

<https://www2.gotomeeting.com/register/423946027>

- Recorded Webinar

<http://hrsa.dshs.wa.gov/providerone/Webinars/ClaimAdjustmentWebinar.ppt>

Information about adjustments can be found in our new *ProviderOne Billing and Resource Guide*

How Do I Submit A Cross Over Claim?

Submitting paper cross over claims has not changed in ProviderOne. Claim must now include the new data elements:

- **ProviderOne client ID number, birth date, gender**
- **NPI numbers and taxonomy code of the:**
 - **Billing Provider and**
 - **Rendering Provider**

We hosted a webinar about how to bill cross over claims. See the

- **Slide Show**

<http://hrsa.dshs.wa.gov/providerone/Webinars/MedicareCrossovers.ppt>

- **Recorded Webinar (coming soon)**

Providers must submit a cross over claim to the Department on the same claim form billed to Medicare.

How Do I Submit A Cross Over Claim?

Want to get out of the paper claim submission method?

- **ProviderOne now offers a Direct Data Entry option to submit cross over claims electronically.**
- **Crossover claims submitted DDE do not have to send the EOB**

For more information about DDE cross over claims refer to the new ProviderOne Billing and Resource Guide (page 78) at:

[http://hrsa.dshs.wa.gov/download/ProviderOne Billing and Resource Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html)

Refer to numbered memo 06/05

<http://hrsa.dshs.wa.gov/Download/Memos/2006Memos/06-05.pdf> for detailed cross over paper claim form requirements.

What Are The Top Issues With The Paper Claim Forms?

Most of the issues with the paper claim forms we have currently received are:

- **Missing new ProviderOne client ID number**
- **Missing the billing provider or rendering provider NPI number**
- **The billing provider or rendering provider NPI are in the wrong fields**
- **Missing taxonomy code for the billing and/or rendering provider**
- **The required information is not centered in the claim form fields**
- **Do not use or send in the old claim adjustment forms**

What Are The Top Issues With The Paper Claim Forms and our scanner?

There are a number of issues with the paper claim forms that our scanner has difficulty reading:

- **Bi-Tonal (black and white) claim forms**
- **“Home Made” Bi-Tonal claim forms that might be sized wrong**
- **Copied Bi-Tonal claim forms that are copied crooked**
- **Copied Bi-Tonal claim forms that have background “busyness”**
- **Stamped messages in the body of the claim form i.e. “EOB ATTACHED”**
- **Bright colored stickers saying “resubmission”, etc**
- **Reading hand written claims**

Claim forms with the above issues require more manual processing which delays payment. The best thing to do is avoid any of the above issues.

Why Did DSHS Return My Claim Forms?

DSHS will return paper claim forms to providers that do not contain the correct data elements.

- **Lacking taxonomy code**
- **The NPI is missing or not in the appropriate field**
- **The new ProviderOne client ID is missing or not in the correct field**
- **The Department returns thousands of paper claim forms each month!**

Switch to Electronic Billing

The Department is encouraging all providers to switch to some form of electronic billing by a clearinghouse, claim batch, or Direct Data Entry

- Electronic claims can process the day received**
 - Paper claims are taking 45 days to process**
 - The back log of paper claims is over 200,000**
- ProviderOne supports**
 - Direct Data Entry of all claim forms**
 - Medicare cross over claims**
 - Batch secondary billings – commercial insurance HIPAA compliant claims. See the companion guides for information at <http://hrsa.dshs.wa.gov/dshshipaa/>**

Switch to Electronic Billing

- ■ **ProviderOne supports**
 - Resurrecting and resubmitting a denied claim
 - Attaching electronic documentation to a DDE claim
 - Adjust claims online no more paper claim forms
- ■ **Please see the recorded Webinars “How to bill successfully in ProviderOne” for a DDE claim entry demonstration for**
- ■ **CMS-1500:**
<https://www2.gotomeeting.com/register/399418274>
- ■ **Dental :**
<https://www2.gotomeeting.com/register/196992267>

RESOURCES/ENDING THE WEBINAR

- Information about how to fill out each standard paper claim form can be found:
 - Summarized in our new *ProviderOne Billing and Resource Guide*
 - [http://hrsa.dshs.wa.gov/download/ProviderOne Billing and Resource Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html)
 - Very specific claim information may be found in each program specific billing instructions located at web site <http://hrsa.dshs.wa.gov/Download/BI.html>
 - See the new Self Service Training web site for links to recorded webinars: <http://www.dshs.wa.gov/provider/training.shtml>
 - Each standard paper claim form also has directions for completion of the form. See the back of the form or visit their web sites.
- This webinar only covered specific field requirements.

Ending the Webinar

- **To close the webinar**
 - **Click the X button in the control panel**